



885 Badger Circle, Grafton WI 53024
(262) 376-5362
www.interfaithozaukee.org

Client Application

Interfaith Caregivers offers support to seniors and adults with disabilities, free-of-charge, helping them to remain independent, as long as it is healthy and safe for both the volunteer and the client.

Last Name: _____ M.I. _____ First Name: _____

Address: _____ City _____ State _____ Zip _____

Home Phone (____) _____ Cell Phone (____) _____

Email _____

Religious Affiliation _____ Congregation _____

Birthdate: _____ / _____ / _____

How did you hear about Interfaith Caregivers? _____

Services Requested (Check all that apply)

Transportation Paperwork (mail, bills) Other _____
 Visiting Reassurance Calls
 Shopping Respite Care

Living Arrangements

Alone with Spouse or Family Member
 House or Apartment Assisted Living Other _____

Mobility and Care Needs

Walking Independently Cane Walker Wheelchair Home Bound

 Hearing Aid Glasses

~ Please be aware that Interfaith Caregiver Volunteers cannot provide personal care services such as; dressing, bathing, feeding, or assisting with oxygen. If you have any of these needs, please notify the Interfaith office at 262-376-5362 and they will be happy to refer you to an agency in the area who can help.

Health and Independence Status

What health problems/diagnosis do you have?

What everyday activities do you have difficulty doing?

Are you currently enrolled in: Health Insurance Plan Family Care Community Care
 WI Forward Health Card Medicare Medicaid Other

Are you currently receiving assistance from another agency such as the ADRC, Meals on Wheels, etc..?
 Yes No Please List _____

Do you have a counselor/caseworker? Yes No

Name: _____ Phone: _____

Do you have a declared or verified disability through Social Security? Yes No

In the Last Year

Have you had any hospital admissions? Yes No

Have you had any recent surgeries? Yes No

Have you had any falls? Yes No

Safe Environment Determination

Does anyone in your home smoke? Yes No

Are there pets in the home? Yes No

If "yes," how many? _____ Type: _____

Are there weapons in the home? Yes No

If "yes," are the weapons stored and locked? Yes No

Do you have any criminal charges pending against you? Yes No

Were you ever convicted of a crime? Yes No

~ For your safety, Interfaith Caregivers conducts criminal background checks on all perspective clients and volunteers.

Emergency Contact Information

1. Name _____	2. Name _____
Address _____	Address _____
City/State/Zip _____	City/State/Zip _____
Relationship _____	Relationship _____
Telephone: Home _____	Telephone: Home _____
Work _____	Work _____
Cell _____	Cell _____
Email _____	Email _____

For Interfaith's Grant Writing Purposes, Please Answer the Following

Ethnicity

<input type="checkbox"/> African/American	<input type="checkbox"/> Native American	<input type="checkbox"/> White/Caucasian
<input type="checkbox"/> Hispanic	<input type="checkbox"/> Asian/Pacific Island	<input type="checkbox"/> Indian
		<input type="checkbox"/> Other _____

Are you low income? Yes No

Gender: Female Male

Understanding and Signature

I understand that Interfaith is an organization based on the good-will of dedicated volunteers, and that a match for service is not guaranteed, although Interfaith will diligently work on finding a volunteer for my specific needs. In addition, the information I have provided on this application is truthful and accurate to the best of my knowledge. I understand that a further review of my application may include a criminal background check conducted by Interfaith Caregivers of Ozaukee County. Furthermore, I understand that providing false information, omitting information, or an unfavorable result of a criminal background check, may result in denial of services from Interfaith Caregivers of Ozaukee County.

Signature of applicant

Date

Signature of person helping complete application

Date

Please print name of person completing application

Please return this application to:

**Interfaith Caregivers of Ozaukee County
885 Badger Circle
Grafton, WI 53024**

Information Provided Is Confidential

*For office use only: Date application received: _____

Initial phone call date: _____

Home assessment scheduled: _____